

Citizen Housing Survey **NORFOLK, NEBRASKA**

The **Norfolk Housing Agency (NHA)** is currently conducting the following survey to determine both present and future housing needs during the next five years. **This survey is funded with a Housing Grant provided by the Nebraska Investment Finance Authority, with matching funds from the NHA.** An important activity of the Housing Study is to ask you, a local resident, about the housing needs of Norfolk. Please complete this survey, **by FRIDAY, AUGUST 26TH.**

1. Where do you reside?

☐ Norfolk ☐ Rural Madison County ☐ Other (Identify)_____

2. If you do not live in Norfolk, are you interested in moving to the Community?

☐ Yes ☐ No

3. Which of the following sectors are you employed?

<input type="checkbox"/> Government	<input type="checkbox"/> Finance
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Retail & Wholesale Trade	<input type="checkbox"/> Agricultural/Forestry/Natural Resources
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Administrative
<input type="checkbox"/> Information	<input type="checkbox"/> Health Care/Social
<input type="checkbox"/> Education	<input type="checkbox"/> Utilities/Construction
<input type="checkbox"/> Leisure & Hospitality	<input type="checkbox"/> Professional/Technical
<input type="checkbox"/> Transportation	<input type="checkbox"/> Mining
<input type="checkbox"/> Accommodation & Food	<input type="checkbox"/> Arts/Entertainment
<input type="checkbox"/> Retired	<input type="checkbox"/> Other_____

4. Gender?

☐ Male ☐ Female

5. What is your current age?

Under 25____ 25-34____ 35-44____ 45-54____ 55-64____ 65-74____ 75-84____ 85+____

6. Which type of housing do you currently live in?

<input type="checkbox"/> Single Family House (own)	<input type="checkbox"/> Manufactured/Mobile Home (own)
<input type="checkbox"/> Single Family House (rent)	<input type="checkbox"/> Manufactured/Mobile Home (rent)
<input type="checkbox"/> Duplex/Triplex (own)	<input type="checkbox"/> Rental Apartment
<input type="checkbox"/> Duplex/Triplex (rent)	<input type="checkbox"/> Condominium
	<input type="checkbox"/> Other_____

7. Number of persons in your household?_____

8. Please indicate your household income range, for 2015, before taxes. \$_____

9. As a renter or homeowner, what are some of the issues or barriers you experience with obtaining affordable, suitable housing for your household? Please check ☒ all that apply.

For Renters	For Owners
<input type="checkbox"/> Lack of handicap accessible housing	<input type="checkbox"/> Lack of handicap accessible housing
<input type="checkbox"/> Lack of adequate public transportation	<input type="checkbox"/> Lack of adequate public transportation
<input type="checkbox"/> Lack of knowledge of fair housing rights	<input type="checkbox"/> Lack of knowledge of fair housing rights
<input type="checkbox"/> Cost of rent	<input type="checkbox"/> Housing prices
<input type="checkbox"/> Restrictive zoning/building codes	<input type="checkbox"/> Restrictive zoning/building codes
<input type="checkbox"/> Job status	<input type="checkbox"/> Job status
<input type="checkbox"/> Attitudes of landlords & neighbors	<input type="checkbox"/> Attitudes of immediate neighbors
<input type="checkbox"/> Lack of availability of decent rental units in your price range	<input type="checkbox"/> Mortgage lending application requirements
<input type="checkbox"/> Use of background checks	<input type="checkbox"/> Excessive down payment/closing costs
<input type="checkbox"/> Excessive application fees and/or rental deposits	<input type="checkbox"/> Cost of utilities
<input type="checkbox"/> Cost of utilities	<input type="checkbox"/> Lack of educational resources about homeowner responsibilities
<input type="checkbox"/> Lack of educational resources about tenant responsibilities	<input type="checkbox"/> Cost of homeowners insurance
<input type="checkbox"/> Other:_____	<input type="checkbox"/> Lack of sufficient homes for sale
<input type="checkbox"/> Other:_____	<input type="checkbox"/> Other:_____

10. Are you satisfied with your current housing situation? _____ Yes _____ No

If no, please explain: _____

11. Which of the following housing types are needed in your Community? Please Check (✓).

	<u>Greatly Needed</u>	<u>Somewhat Needed</u>	<u>Not Needed</u>
▪ Housing For:	-----	-----	-----
1. Lower-Income Families			
2. Middle-Income Families			
3. Upper-Income Families			
4. Single Parent Families			
5. Existing / New Employees			
▪ Single Family Housing			
▪ Rental Housing (General)			
▪ Manufactured Homes			
▪ Mobile Homes			
▪ Condominiums/Townhomes			
▪ Duplex Housing			
▪ Apartment Complexes (3 to 12 Units per Complex)			
▪ Rehabilitation of Owner-occupied Housing			
▪ Rehabilitation of Renter-occupied Housing			
▪ Housing Choices for First-Time Homebuyers			
▪ Single Family Rent-To-Own	-----	-----	-----
1. Short-Term 3 to 5 Years			
2. Long-Term 6 to 15 Years			
▪ Duplex/Townhouse Rent-to-Own	-----	-----	-----
1. Short-Term 3 to 5 Years			
2. Long-Term 6 to 15 Years			
▪ One Bedroom (Apartment or House)			
▪ Two Bedroom (Apartment or House)			
▪ Three+ Bedroom (Apartment or House)			
▪ Independent Living Housing for Persons with a Mental/Physical Disability			
▪ Group Home Housing for Persons with a Mental/Physical Disability			
▪ Housing in Downtown			
▪ Retirement Housing – Rental			
▪ Retirement Housing – Purchase (Owner occupant)			
▪ Retirement Housing For:	-----	-----	-----
1. Low-income Elderly Persons			
2. Middle-income Elderly Persons			
3. Upper-income Elderly Persons			
▪ Licensed Assisted Living, w/ Specialized Services (i.e. health, food prep, recreation services, etc.)			
▪ Single-Room-Occupancy Housing (Boarding Homes)			
▪ Short-Term Emergency Shelters – 30 Days or Less			
▪ Long-Term Shelters – 90 Days or Less			
▪ Transitional Housing (3-12 month temporary housing)			
▪ Other (specify):			

If you are currently a renter and would like to become a homeowner, or if you are currently an owner and desire to upgrade or change housing in the next five years, please complete the following questions.

12.a. Where would you like to purchase a home?

☐ Norfolk ☐ Rural Madison County ☐ Other (Please identify): _____

12.b. Which one of the following housing types would you most like to purchase?

☐ Single Family ☐ Attached Townhouse or Duplex-Type Unit
☐ Mobile Home ☐ Patio Home/Slab Home ☐ I plan to remain where I am.

12.c. How many bedrooms would your family need?

☐ One ☐ Two ☐ Three ☐ Four +

12.d. What is the most your family could afford for a home?

☐ Less than \$50K ☐ \$50K - \$100K ☐ \$100K - \$120K ☐ \$120K - \$135K ☐ \$135K - \$175K
☐ \$175K - \$225K ☐ \$225K+

12.e. What is the most your family could afford for monthly rent? ☐ Less than \$400

☐ \$400 to \$500 ☐ \$500 to \$600 ☐ \$600 to \$700 ☐ \$700 to \$800
☐ \$800 to \$900 ☐ \$900 to \$1,000 ☐ \$1,000 to \$1,100 ☐ \$1,100+

13. Do you support your Community in using State and/or Federal grant funds to conduct:

... an owner housing rehabilitation program? ☐ Yes ☐ No
... a renter housing rehabilitation program? ☐ Yes ☐ No

14. Do you support Community in establishing a local program that would purchase and remove dilapidated houses, making lots available for a family or individual to build owner or rental housing? ☐ Yes ☐ No

15. Do you support Community in securing State and/or Federal grant dollars to purchase, rehabilitate and resale vacant housing? ☐ Yes ☐ No

16. Do you support Community in securing State and/or Federal grant dollars to provide down payment assistance to first-time homebuyers? ☐ Yes ☐ No

If you are 55+ years of age, please continue here with Questions 17 - 22. If not, please skip to Question #23.

17. Do you or anyone in your household have a disability or any special assistance needs (Mobility, Mental, Hearing/Speech Impaired, Nutrition/Medication Assistance, etc.)? Yes ☐ No ☐

If yes, please explain the disability or special needs type.

18. Do You plan on changing housing in the future?

One Year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Two Years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Three to Five Years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Six to 10 Years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to Question #18, which of the following types of housing do you anticipate needing? Check three (3).

- | | |
|--|---|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Apartment - Purchase |
| <input type="checkbox"/> Duplex - Rent | <input type="checkbox"/> Assisted Living Housing |
| <input type="checkbox"/> Duplex - Purchase | <input type="checkbox"/> One Bedroom Apartment - Rent |
| <input type="checkbox"/> Town Home - Rent | <input type="checkbox"/> Two Bedroom Apartment - Rent |
| <input type="checkbox"/> Town Home - Purchase | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nursing Home/Long-Term Care | |

19. Which of the following additional housing types are needed in Your Community, for persons 55+ years of age, during the next five years. Check the top three (3).

- | | |
|--|---|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Apartment - Purchase |
| <input type="checkbox"/> Duplex - Rent | <input type="checkbox"/> Assisted Living Housing |
| <input type="checkbox"/> Duplex - Purchase | <input type="checkbox"/> One Bedroom Apartment - Rent |
| <input type="checkbox"/> Town Home - Rent | <input type="checkbox"/> Two Bedroom Apartment - Rent |
| <input type="checkbox"/> Town Home - Purchase | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nursing Home/Long-Term Care | |

20. How appealing is living at a Retirement Housing Campus to You?

- ☐ Very appealing ☐ Somewhat appealing ☐ Not appealing

21. Please rate the quality of the following Support Services in your Community.

(1 = Excellent, 2 = Good, 3 = Fair, 4 = Poor).

- | | |
|--|---|
| <input type="checkbox"/> Case Management/Legal Aid | <input type="checkbox"/> Transportation/Auto Repair |
| <input type="checkbox"/> Cultural/Language Assistance | <input type="checkbox"/> Finance Assistance/Management |
| <input type="checkbox"/> Continuing Education Opportunities | <input type="checkbox"/> Health Services (Mental, Physical, etc.) |
| <input type="checkbox"/> Employment Opportunities/Training | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Adult Care Services | <input type="checkbox"/> Senior Social & Recreation Activities |
| <input type="checkbox"/> Alcohol/Drug Abuse Services | <input type="checkbox"/> Housing (Permanent, Transitional, etc.) |
| <input type="checkbox"/> Food/Meals-On-Wheels | <input type="checkbox"/> Emergency Transportation |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Veteran Services |
| <input type="checkbox"/> Aids for Disabilities | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Home Repair/Rehabilitation Services | <input type="checkbox"/> Other: _____ |

22. Please identify the top three Support Service needs in Norfolk.

23. Please provide any additional comments regarding the future of housing in Norfolk:

Thank you for your participation!